

OCTOBER, 2003

James E. McGreevey,
Governor



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Commissioner

NJ Communi-CABLE

West Nile Virus Awareness Initiative and Surveillance Update

West Nile Virus Goes to the Movies!

As part of a new West Nile Virus (WNV) Awareness Initiative, the New Jersey Department of Health and Senior Services (NJDHSS) recently piloted a WNV awareness campaign at movie theaters in nine counties. A single slide with a WNV prevention message (see below) was shown at least 3 times prior to each movie in nine selected multiplex theaters from July 25 through August 22, 2003. It was shown on 121 screens to an estimated audience of 726,000 people.



West Nile Virus Surveillance

NJDHSS, in collaboration with local health departments and mosquito commissions, the New Jersey Department of Environmental Protection and New Jersey Department of Agriculture, is currently in its fourth year of WNV surveillance and reporting for activity amongst avian, mosquito, equine and human populations. By the end of August 2003, WNV activity has been identified in 21 counties in New Jersey.

The WNV Geographic Information System (GIS) surveillance and reporting application has been successfully used for the second year with enhancements and modifications. Six counties directly feed their data into the system, while WNV staff at NJDHSS input data for the remaining counties. After testing mosquito pools and

avian samples, the NJDHSS Public Health Environment Laboratories (PHEL) staff input test results, and users of the system log in to obtain real-time data for the occurrence of WNV in the State.

Some surveillance highlights for New Jersey are given below:

Avian - Information on approximately 3,903 birds has been entered into the system; 777 of these birds have been tested, with the others reported as bird sightings (if not submitted for testing) or labeled unacceptable for testing (if birds have decomposed or the forms are incomplete.) Five hundred and nine of the birds tested have been found positive for the presence of WNV.

Mosquito Pools – As of November 20, 2003 PHEL has tested over 8,668 mosquito pools. They have reported 356 positive pools from 21 different counties.

Human – The state has approved 189 human samples for testing at PHEL. So far, New Jersey has reported 31 human cases with WNV and there have been two fatalities. The number of positive cases reported in NJ by the end of October 2003 is higher than October 2002.

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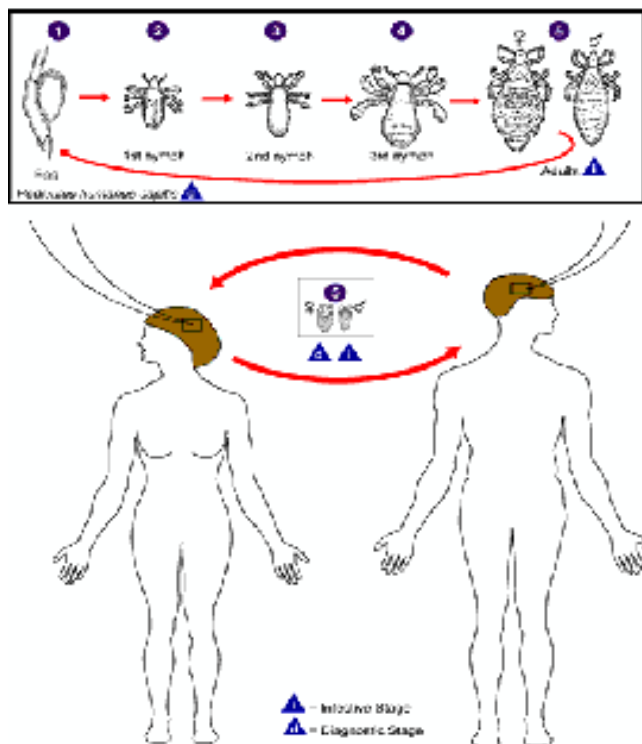
NJDHSS Communicable

Disease Service

- Eddy Bresnitz, MD, MS, State Epidemiologist, Assistant Commissioner
- Janet DeGraaf, MPA, Director, Communicable Disease Service
- Christina Tan, MD, Medical Director, Communicable Disease Service
- Suzanne Miro, MPH, CHES, Editor, Health Educator, Communicable Disease Service
- Laura Taylor, MS, CHES, Guest Editor, Health Educator, Communicable Disease Service

What You Need to Know about Head Lice

Now that school is in full swing, there will certainly be questions raised by concerned parents and schools regarding infestation with head lice. Although head lice is not a reportable condition, health departments are often contacted for advice and recommendations. NJDHSS has developed the following information and recommendations on head lice to assist you in handling such situations.



Head lice (*Pediculus capitis*) are small parasitic insects that have adapted to living on the scalp and neck hairs of humans. The human head louse does not infest other animal species (e.g., dogs, cats). Louse legs have evolved to specifically enable them to grasp on to hair shafts; they remain attached to

hair shafts during infestation and leave only for short periods of time to take blood meals.

Head lice are equal opportunity parasites and do not respect socio-economic class distinctions. Head lice are acquired by direct head-to-head contact with an infested person, but can also be transferred by sharing combs, hats or other hair accessories. They can also remain viable on bedding and clothing for a brief period of time.

There are three life stages of *Pediculus capitis*: the nit, the nymph, and the adult.

Nit: Nits are head lice eggs. They are difficult to see and often confused with dandruff, hairspray droplets, or other hair debris. Nits are firmly attached to the hair, oval in shape, and yellow to white in color. Nits hatch approximately one week after being deposited.

Nymph: The nit hatches into an immature louse called a nymph. A nymph closely resembles an adult head louse, but is smaller. Nymphs mature into adults within 7 days after hatching. In order to survive, the nymph must take a blood meal soon after hatching. The nymph continues to feed every three to six hours.

Adult: The adult louse is about the size of a sesame seed, has six legs and is tan to grey in color. Females lay nits and are usually larger than males. Adults can live for up to 30 days on a person's head. To survive, adults also need to take...

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West Nile Virus Surveillance Continued...

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Equine – As in previous years, the Department of Agriculture laboratory performs WNV testing in horses exhibiting neurological signs around the state. To date they have reported 148 positive horses from 16 different counties.

Overall, the numbers of WNV occurrences in the state

are similar to the numbers observed this time last year. Information on WNV, including fact sheets, protection tips, testing protocols, etc. can be found at the NJHSS website at <http://www.state.nj.us/health/cd/enceph.htm>

Additional information on WNV in NJ can be obtained at the Centers for Disease Control and Prevention's website at <http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm>

CDRS Corner

Welcome to the Communicable Disease Reporting System

(CDRS) Corner, where you can find out what's new regarding the State of New Jersey's web-enabled electronic reporting system for communicable diseases. The July issue of Communi-CABLE featured the first installment of the CDRS Corner. Please feel free to contact the CDRS Coordinator, Marlene Bednarczyk, should there be any questions, problems and/or suggestions about the CDRS. Contact her at: marlene.bednarczyk@doh.state.nj.us or (609) 588-7500.



CDRS Helplines:
1-800-883-0059
or
(609) 588-7551

Originally designed to facilitate the electronic transfer of reportable communicable diseases, the CDRS is rapidly expanding into a reporting and surveillance system. Reports are now available which reflect specific dates, diseases and geographic locations. Case reports can be printed out and used for case follow-up. A comments screen in each case report provides room for case management and investigation notes. New modules will facilitate outbreak investigations. The CDRS is continuously improving in response to its users' needs.

Updates:

Quarterly releases of new attributes increase the capabilities of the CDRS. The September 4th release allows users to merge cases on any search screen; search by any case status, including "open", "possible", "probable", "confirmed", "not a case" and "deleted"; put up to 50 pages of notes in the comments field; and sort by ascending and descending order in various columns on the open cases screen.

An E-mail linkage is now functional for all users. This link allows users to E-mail an individual who created or updated a case and ask questions, without scrolling back and forth between screens.

Counters have also been added to all search result

screens. As a result, users no longer need to manually add columns of cases to tally results.

In order to improve the quality and completeness of the reports in the CDRS, a system prompt will alert users if they have missed entering the county, municipality or hospital information for a case.

The comments screen can now accommodate 50 pages of notes – enough to accommodate any intensive investigation required. And, the merge function has been added to all search screens, greatly simplifying the eradication of duplicate files.

As an added security function, if a user logs on more than one time using the same user ID and password, the session will shut down. In other words, two individuals may not be logged on the system at the same time using the same user ID and password.

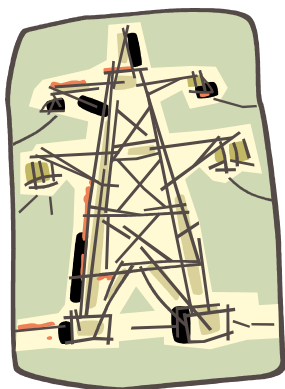
If users are having trouble using the CDRS, they may now E-mail the CDRS Administration team via a link at the bottom of all pages called "Contact Us." Users may also click on "Release Notes" at the bottom of any screen for further details about changes, enhancements and information concerning past and future releases.

CDRS Training Available

Training sessions on the usage of the CDRS and all its functions are available. They may be scheduled to accommodate hospital, medical center, laboratory, or health department personnel schedules by contacting the CDRS Coordinator. An Internet hook-up with a fast connection (T1, DSL or cable line) is required, along with Internet Explorer as the browser and a computer terminal for each attendee. Trainings have been held at community colleges, libraries, and health departments - wherever the appropriate accommodations are available. The system is extremely user-friendly and requires no special software. Users need only be familiar with the Microsoft Windows environment. Join the four hundred strong and ever-growing number of communicable disease reporters who are converting to this paperless, electronic reporting system.

Check 'The "CDRS" Corner' in the next issue for further enhancements and innovations!

Power Outages and Vaccine Storage: Important Lessons Learned



On Thursday, August 14, 2003, the eastern U.S. power grid experienced an outage that affected a number of states and metropolitan areas in the northeastern and midwestern U.S. Power was affected in 8 states –

Connecticut, Massachusetts, Michigan, New Jersey, New York (including New York

City), Ohio, Pennsylvania and Vermont. The extent and duration of the power outages varied across and within states. Many areas had power restored within a few hours. However, other areas experienced power outages for a day or longer. In New Jersey, the northern-most counties experienced outages that could have potentially affected vaccine supplies. Thus far, Bergen and Essex counties have reported the most sustained power outages and possible vaccine instability. Other counties directly affected were Hudson and Union.

According to the Centers for Disease Control and Prevention (CDC), no state depot or commercial vaccine distributor experienced vaccine loss, though some vaccine was wasted during shipping; those losses are being replaced by the shipper or contractor. The CDC has also been in contact with vaccine manufacturers to gather information for State and local health programs to respond to queries from providers. The LINC network was also used to notify county and local providers that vaccine losses should be reported as soon as possible to the NJDHSS. Although a summary of exact amounts of vaccine affected in the noted areas is still not complete, preliminary loss reports indicate that overall vaccine losses in New Jersey were very low or non-existent.

New Jersey credits the limited loss of vaccine to consistent back-up generator provisions in heavily populated areas, vigilant and proactive monitoring of vaccine handling and storage procedures, and NJDHSS dissemination of clear guidelines for maintaining vaccine cold chains. In connection

with good information, public health representatives, who conduct surveillance through provider site visits, have been especially active in promoting the importance of effective cold chain planning and maintenance. This same message regarding adequate cold chain planning is also reinforced periodically through the efforts of Vaccine for Children Program staff.

Although this outage was successfully managed in New Jersey, if on-going power outages occur in the future, significant implications for vaccine storage will continue to exist. Providers and the health community at-large should be aware that during a power failure of four hours or less, refrigerators that store vaccines should be kept closed.

Other basic guidelines to be followed include monitoring temperatures, and contacting public health officials about whether to discard vaccine. If power failures are a common occurrence, purchasing portable power generators or transferring vaccines to other sites with power will need to be considered. If possible, vaccines should be transported following proper cold chain procedures for storage and handling and/or attempting to record the temperature the vaccine is exposed to during transport.

When power has been restored, the temperature in the unit should be recorded as soon as possible. Monitoring temperatures until unit temperatures reach the normal 2-8° C range (35-40° F) in the refrigerator or -15° C or less (-5° F) in the freezer will also be a needed precaution. Being certain to record the duration of increased temperature exposure and the maximum temperature observed is also a procedure that should be employed. If state or local vaccine depots have been affected, program support branch contacts at the CDC should be notified immediately.

Providers in consultation with public health or individual vaccine manufacturers should contact the manufacturer directly with all questions and concerns.

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Reportable Disease of the Quarter: Legionellosis



The New Jersey Administrative Code 8:57 stipulates that local health officers, hospitals, laboratories, physicians and other health care providers report the occurrence of specified reportable diseases to the

NJDHSS. This quarter's reportable disease is legionellosis.

Legionellosis is an illness caused by infection with the bacterium *Legionella pneumophila*. The Centers for Disease Control and Prevention (CDC) estimates that approximately 10,000-15,000 Americans develop legionellosis each year. An additional unknown number are infected with *Legionella* bacteria and have mild symptoms or no illness at all. In New Jersey approximately 40 cases of legionellosis are reported each year.

Legionnaires' disease, a form of legionellosis, is a pneumonia-like illness; outbreaks are relatively rare. The first documented case of legionnaires' disease was in 1947. Legionellosis most often affects middle-aged and older persons. Those who smoke cigarettes, drink heavily, have chronic lung disease, or lowered immune system response are at a higher risk of becoming ill with legionellosis.

The disease is spread through the air from a soil or water source contaminated with *Legionella* bacteria, such as cooling towers and shower. Person-to-person spread has not been documented.

Symptoms of legionellosis are fever, chills and cough which may be dry or productive of sputum. Muscle pain, headache and diarrhea may be present. Symptoms usually occur within two to 10 days of being infected but are most often seen within 5-6 days.

A chest X-ray often shows evidence of pneumonia. Legionellosis is diagnosed by culturing the *Legionella* bacteria from sputum or by specific blood or urine tests. Legionellosis can be successfully treated with antibiotics.

Legionella bacteria are widely distributed in the environment. They can be found in creeks, ponds, hot and cold water taps, hot water tanks, respiratory therapy devices, hot tubs, air conditioning cooling towers and soil.

To prevent legionellosis:

- Cooling towers should be drained when not in use, and they should be mechanically cleaned periodically
- Tap water should not be used in respiratory therapy devices
- Maintaining hot water system temperatures at 50° C (122° F) or higher may reduce the risk of transmission.

For more information on legionellosis and/or other infectious diseases, visit <http://www.state.nj.us/health/cd>. Case definitions of all reportable diseases are also available on the CDRS.

"How to Run a Smallpox Vaccination Clinic" Manual

The staff of the NJDHSS Communicable Disease Service's Bioterrorism Unit are diligently working on a new publication for LINCS agencies and other public health partners, entitled "How to Run a Smallpox Vaccination Clinic".

This comprehensive manual addresses logistical, clinical, technological and administrative issues involved in coordinating and implementing a smallpox vaccination clinic. Detailed checklists



for planning, current patient education materials and participant/staff evaluation forms will be included. While the manual addresses specific needs and resources necessary for planning and implementing a smallpox vaccination clinic, many items may be adapted for other immunization or mass prophylaxis clinics. The manual will be distributed to participants at a smallpox vaccination clinic training to be held in January 2004. Stay tuned for more information!

Our Mission

The mission of the Division of Epidemiology, Environmental and Occupational Health is to protect the citizens of the State and the visiting public from hazards found in the environment, home, and workplace through appropriate surveillance, intervention, education, and outreach.

NJ Department of Health & Senior Services
PO Box 369
Trenton, NJ 08625-0369
Phone: (609) 588-7500

The NJDHSS Communicable Disease Service Includes:

- Infectious & Zoonotic Disease Program (IZDP)
- Vaccine Preventable Disease Program (VPDP)
- Sexually Transmitted Disease Program (STDP)
- Tuberculosis Program (TBP)

New Jersey Develops SARS Plan

Severe acute respiratory syndrome (SARS) is a viral respiratory illness that was first reported in Asia in February 2003. The illness usually begins with a high fever (a temperature greater than 100.4°F). The fever is sometimes associated with chills or other symptoms, including headache, general feelings of discomfort, and body aches. Some people also experience mild respiratory symptoms at the onset, and diarrhea is seen in approximately 10 to 20 percent of SARS cases. SARS is caused by a previously unrecognized coronavirus, called SARS-associated coronavirus (SARS-CoV).

As defined in the Centers for Disease Control and Prevention's (CDC) SARS case definition, suspect SARS cases have fever, respiratory illness, and recent travel to an affected area with community transmission of SARS and/or contact with a suspect SARS patient. Probable cases meet the criteria for a suspect case and also have evidence of pneumonia (e.g., chest X-ray) or respiratory distress.



With flu season arriving soon, it is important for clinicians and the public health community to be aware of the signs and symptoms of SARS, as they are similar to those of influenza. The disease is spread via droplet (sneeze) and possibly airborne transmission. Consistently practicing proper infection control is the best mechanism to decrease the spread of the SARS-CoV. As of October 2003, there is no vaccine or antiviral chemotherapy for SARS. Should there be an outbreak in New Jersey, isolation and quarantine will be utilized to contain the disease to minimize its impact.

New Jersey is preparing its SARS plan, a comprehensive document which identifies NJDHSS's surveillance and epidemiologic activities, laboratory services, professional education, public information and operations protocols. An October 2003 conference is scheduled to roll out the draft plan to key stakeholders for their input. The final SARS plan will be completed and posted on the NJDHSS website sometime in Fall 2003.

For more information on SARS, visit the CDC website at <http://www.cdc.gov/ncidod/sars/index.htm>

Power Outages and Vaccines Continued...

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Aventis: Aventis Power Outage Hotline 1-800-432-2463

GlaxoSmithKline: Guidance Packet of vaccine-specific information 1-888-825-5249

Merck: Merck's National Service Center will respond to calls, 1-800-NSC-MERCK(1-800-672-6372)

Wyeth-Lederle: Hotline 1-800-99-WYETH (1-800-999-9384) [**Note:** Stability studies indicate that Prevnar which has been exposed to elevated temperatures

due to power outage for less than 72 hours may retain potency for up to 6 months from the date of exposure, or sooner if the expiration date is less than six months. This applies only to the vaccine duration of the power outage and is maintained at the required temperature once power is restored.]

In a power outage, as in other potentially dangerous situations, sound contingency planning and good preventive efforts continue to be the best way to reinforce good lessons to remember, rather than unfortunate lessons to be learned.

“What you need to know about: Lice” continued...

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frequent blood meals and will need to remain on a human head for the remainder of their life. If a louse falls off a person, it will die within 2 days.

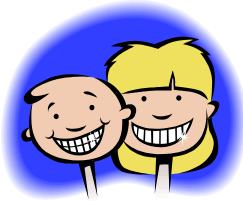
Diagnosis and Treatment

Head lice are commonly misdiagnosed. An untrained person may assume dandruff, hair product particles, or other hair debris are lice, when in fact they are not. Suspect infestations should be evaluated by a person trained to identify lice. Treatment should begin only when active lice or viable eggs are directly observed. Head lice can be treated by over-the-counter medication or physician-prescribed treatments. In either case, directions should be followed carefully. Treatment failures may occur, due to the fact that some head lice have developed resistance to the common treatment modalities. If active lice are observed 8-12 hours after treatment, the patient and/or guardian should consult with their health care provider who may recommend treatment with another product. There is little or no scientific evidence that treatments such as olive oil, mayonnaise, tea tree oil, petroleum jelly and hair dryers are effective in killing head lice.

Prevention

Contacts of infested persons should be examined and treated if positive on examination for lice. Bedmates, brothers and sisters should also be treated if crawling lice or nits are found. Examination and treatment of all infested individuals in a household or other close settings should be done simultaneously.

Stray lice on clothing, towels, and bedding can be killed by machine washing and drying at temperatures



over 128°F. Items that cannot be washed should be sealed in a plastic bag for two weeks which will ensure the death of all lice and nits which may hatch. Combs and brushes can be soaked for an hour in a 2% Lysol solution, or heated in a pan of water to 120°F for ten minutes.

Head Lice in Schools

Head lice in schools can be a nuisance, but are not life threatening. Most school districts have head lice policies in place to deal with these types of situations. Both parents and local health departments should become familiar with the different school policies in their district. Many schools have “no nit” policies in place, which require children to be free of nits before returning to school. Schools should consistently follow their districts’ guidelines and ensure they are making every effort to prevent further spread of head lice. This can be done by limiting direct head-to-head contact (e.g. discouraging sharing of hats, brushes, combs), and educating parents about how head lice are transmitted, treated and prevented.



Head Lice References and Resources

Education and cooperation are key with head lice infestations. Useful information regarding head lice can be found at the following websites:

http://www.state.nj.us/health/cd/f_headlice.htm

<http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm>

<http://www.hsph.harvard.edu/headlice.html>

Past editions of the NJ Communi-CABLE are available on the Communicable Disease Service website:

<http://www.state.nj.us/health/cd/index.html>

Protect Yourself, Protect Your Loved Ones...Get Your Flu Vaccine!

Flu season is here and while there is ample vaccine available this year, many who should get the vaccine do not bother, top experts at the Centers for Disease Control and Prevention (CDC) have reported. This warning includes residents in New Jersey. Many people, including doctors, nurses and those who care for infants, the general public and the elderly are not only leaving themselves open to deadly illness, but are endangering individuals with weakened immune systems. In addition to the New Jersey Department of Health and Senior Services (NJDHSS), the National Foundation for Infectious Disease, the American Medical Association, and a host of other organizations are all in agreement that many more need to get the flu vaccine.

The NJDHSS has initiated a modified two part immunization campaign to address the information gap which exists between the health care community and the public. Also included in the campaign is a concentrated effort to make people of all ages aware that the flu season does not come to an abrupt end when the holidays are over in December. Individuals and families can still be vaccinated well into the Winter.

As recommended by the Advisory Committee on Immunization Practices (ACIP), New Jersey's upcoming Influenza Campaign, which begins in October, 2003 and goes on to March 31, 2004, encourages flu vaccination not only for those with known complicated medical histories but also for children and adults who are in good health. Vaccination is encouraged for healthy children 6-23 months of age, siblings (2-18 yrs) of high risk children, healthy siblings living in a household with infants who are less than 6 months of age, and healthy children (2-

18 yrs) living in a household with adults who are 65 yrs of age or older. Transplant recipients and persons who are otherwise immunosuppressed are also urged to get the flu vaccine.



Because people often underestimate the extent to which they can put other people at risk, NJDHSS wants everyone to hear and receive the message –“Protect yourself, protect your loved ones; get your flu vaccine”. An underlying message in this campaign is the fact that the flu is more serious than many suspect. Previous thinking that flu vaccines are just for senior citizens and people with health problems needs to be re-evaluated by the public. Although

certain groups of people who have co-existing illnesses (e.g., diabetes, kidney disease, heart disease, asthma, blood disorders) are at higher risk of getting the flu and complications, the flu can also make healthy children and adults very ill, and can cause death.



Children under the age of six months cannot get the vaccine, so it is up to family members to make sure that no one in the home gets sick with the flu in order to protect any infants who may be in the family. Babies 6-23 months of age, according to the ACIP, are currently considered a very high-risk group even if they are healthy. The campaign will seek to raise awareness regarding these newly added groups, as well as

promote proactive action among parents, grandparents and other adults who come into frequent contact with infants, young children, older adults and/or the medically fragile.

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Flu Vaccine Continued...

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The NJDHSS will be launching an Influenza campaign that will include major media events, public service announcements, an array of literature and educational adjuncts, a movie theater initiative, and a number of in-service briefings regarding new

recommendations and findings. NJDHSS also has a flu website that is available to the public and to professionals, at <http://www.nj.gov/flu>. Further inquiries regarding campaign information, orders for posters and/or educational materials can be directed to the Communicable Disease Service at (609) 588-7500.

Infectious Disease Summits a Success!

The New Jersey Department of Health and Senior Services (NJDHSS) Communicable Disease Service (CDS) sponsored full-day Infectious Disease Summits in the south part of the state (Wednesday October 1, 2003) and in the north (Thursday, October 2, 2003). The summits were attended by over 600 health professionals in New Jersey; continuing education units were offered to health educators, health officers, and registered environmental health specialists and contact hours were provided to registered nurses. The conference featured updates and information overviews from programs and initiatives within the CDS. The agenda was packed with an array of communicable disease issues; presenters were staff from the CDS.

Dr. Eddy Bresnitz, State Epidemiologist/Assistant Commissioner opened the summits with welcoming remarks and a synopsis of the department and program. Presenters and topics that were covered included: Laura Taylor, MS, CHES-Bioterrorism Health Educator, discussed "New Jersey's Smallpox Vaccination Clinic Experience, 2003: Lessons Learned and Implications for Future Practice"; Carol Genese, MBA, NJDHSS Smallpox Coordinator, summarized the 2003-2004 Centers for Disease Control and Prevention Smallpox Grant Initiatives; Tina Tan, MD, CDS Medical Director, communicated revised New Jersey Administrative Code 8:57 protocols/policies & procedures; Marlene Bednarczyk, MSQSM, Communicable Disease Reporting System (CDRS) Coordinator described the updates, enhancements and training opportunities related to the CDRS; "Zoonotic Disease Update" featured Colin Campbell, DVM, Senior Public Health Veterinarian, who discussed rabies, rabies calls and consultation procedures; Simi Octania-Pole, PhD, West Nile Virus Coordinator, who addressed West Nile Virus (WNV) issues, including dead bird

collection and surveillance and illustrated both national and local WNV statistics; Michelle Malavet, MSA, HO, REHS, Foodborne Disease Coordinator, summarized emerging foodborne pathogens and identified national and statewide surveillance initiatives; Sandy Van Sant, APN, MPH, Hepatitis C Coordinator, provided an overview of hepatitis C, including testing, treatment and prevention efforts; Robert Morgan, MD, MPH, Vaccine Preventable Disease Program Medical Director, described influenza prevention plans and discussed the new "Flu-Mist"; Tom Privett, BA, Tuberculosis Control Program Manager, explained tuberculosis surveillance, prevention and control efforts; and Tina Tan, MD, summarized outbreaks and special investigations in New Jersey from January-September 2003 and discussed future initiatives in outbreak investigations using CDRS.



NJDHSS collaborated with Rutgers University, Office of Continuing Professional Education and the NJ Distance Learning Network to assist in conference planning and registration. This collaboration allowed for increased access to health professionals and conference registration/confirmation via the internet. This was the first time that registration for the summit was conducted on-line.

If you were unable to attend the 2003 Infectious Disease Summit and would like a copy of the presentations, they are available on CD-Rom. Contact the CDS, during regular business hours, to place your order at (609) 588-7500. The CDS will be sponsoring more Infectious Disease Summits in spring 2004. Keep an eye on the NJ COMMUNICABLE for more information!